

Camp Lakotah

Return to: N1875 21st Ave. Wautoma, WI 54982

info@camplakotah.com 920-787-0123

Wedding or Event Lodging Reservation Request

*** Please note – bedding and linens are not provided by Camp Lakotah and are your responsibility to furnish***

Lodging check in is 4:00 p.m. or 60 minutes prior to event start, whichever is earlier. Check out is 10:00 a.m.

NAME OF EVENT: _____

DATE OF EVENT: _____

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Number of guests in your party _____ Preferred Lodging Option: _____

Guest Information:

Full Name _____	Age: _____
Full Name _____	Age: _____
Full Name _____	Age: _____
Full Name _____	Age: _____

Lodging Fees:

	Cost per unit	Friday	Saturday	Total
Cabin *All types*	\$25.00 per person per night OR Guaranteed Min. whichever is greater	#	#	\$
Tent Site	\$35.00/night maximum 6 persons / site	#	#	\$
Pop Up Site	\$40.00/night non- electrical \$50/night electrical	#	#	\$
	Total Lodging Fees Due			\$

Payment Information:

Discover MasterCard Visa Cardholder's Name as it appears on card: _____

Card No. _____

Security Code (3 digit code on back of card) _____ Exp. Date (month/year) _____/_____

Billing Address City: _____ State: _____ Zip Code: _____

Cancellation policy/agreement:

I understand that in the event of **cancellation**, Camp Lakotah will retain the full fee.

Rules & Policies: I have read and reviewed the Rules & Policies and agree to abide to them at all times during my stay.

Waiver information:

I hereby give permission to use any video, photographs, or written statements from my family's experience in public relations materials including the internet without compensation.

I am aware of the risks and willing to assume them; I hereby waive, release and agree to hold harmless Camp Lakotah, its representatives and successors for all claims or liabilities of any kind arising out of my family's participation in this camp experience. I assume and accept the full responsibility for their participation.

In case of a medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my family members. I accept responsibility for medical/surgical treatment charges which may be incurred on my family's behalf.

Date: _____ Signature: _____